

FCC Form 498September 1998
Universal Service Administrative CompanyApproved by OMB
3060-0824
Expires 09/30/2001
Avg. Burden Est.
Per Response: 1 hour**Service Provider Information Form**

(Please Read Instructions Before Completing Form)

Block 1: General Information

1. Full Legal Name of Service Provider		2. TRS Company Code (If applicable)	
3. USAC Service Provider Number (Assigned by USAC)		4. Principal Communications Business (See Instructions)	
5. Service Provider's Street Address, P.O. Box, or Route Number			
City		State	Zip Code
6. Federal Employer Identification Number		7. Indicate (X) Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
8. Name of Service Provider's Contact		9. Telephone Number	10. FAX Number
11. Address of Service Provider's Contact - Street Address, P.O. Box, or Route Number			11a. E-mail Address
City		State	Zip Code

Block 2: Schools & Libraries and Rural Health Care Programs Information

Service Provider's Schools & Libraries and Rural Health Care Programs Contacts

12. Name of Service Provider's Schools & Libraries Program Contact		13. Telephone Number	14. FAX Number
15. Address of Service Provider's Schools & Libraries Program Contact - Street Address, P.O. Box, or Route Number			
City		State	Zip Code
16. Name of Service Provider's Rural Health Care Program Contact		17. Telephone Number	18. FAX Number
19. Address of Service Provider's Rural Health Care Program Contact - Street Address, P.O. Box, or Route Number			
City		State	Zip Code

Schools & Libraries and Rural Health Care Payment Information

In accordance with FCC rules Part 54.515 and 54.611, USAC will offset service provider Schools & Libraries invoices against the provider's universal service support obligation at their request, and shall offset service provider Rural Health Care invoices against the provider's universal service obligation.

Is the service provider requesting to have their Schools & Libraries invoices offset against the providers universal service obligation? Yes No

(SEE SPECIFIC INSTRUCTIONS FOR ITEMS 20 THROUGH 33)

20. Name of Remittance Company			
21. Address of Remittance Company - Address, P.O. Box, or Route Number			
City		State	Zip Code
22. Name of Remittance Contact		23. Telephone Number	24. FAX Number
25. Name of Remittance Bank (Required only if electing ACH or locked box transfer of funds)			
26. Remittance Auto Clearing House (ACH) Number and bank account (Required only if electing ACH transfer of funds)			
ACH bank transit number		Bank account number	

Service Provider Information Form

Contributor Company Information for Schools & Libraries and Rural Health Care Programs

27. Name of Contributor Company		28. Contributor's TRS Company Code
29. USAC Service Provider Number of Contributor Company		
30. Address of Contributor Company - Street Address, P.O. Box, or Route Number		
City	State	Zip Code
31. Name of Contributor Company Contact	32. Telephone Number	33. FAX Number
34. This filing is an: <input type="checkbox"/> Original <input type="checkbox"/> Revision		

Certification: This form must be accompanied with a letter of authorization, on company letterhead, certifying the accuracy of the information provided. (See Instructions, page 2, and Attachment A to the instructions.)

Check here to indicate that letterhead is attached.

PERSONS MAKING WILLFUL FALSE STATEMENTS ON THE FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER THE COMMUNICATIONS ACT OF 1934, AS AMENDED, 47, U.S.C 220(e).

Forward completed form along with a letter of authorization to: Attention: USAC Billing and Disbursement
 Universal Service Administrative Company
 P.O. Box 223164
 Chantilly, VA 20153-3164

Notice: The Federal Communications Commission has designated the Universal Service Administrative Company (USAC) as temporary administrator of the universal service support mechanisms for schools & libraries and rural health care programs. One of the functions of USAC is to provide a mechanism for the billing and collection of funds for the various programs. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to sections 54.515 and 54.611 of the Commissions rules, 47 CFR Sections 54.515 and 54.611, USAC must obtain information relating to: service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, and billing and collection information. This form should be completed by each service provider receiving universal service support under the schools and libraries and rural health care programs. USAC will use this information in administering the billing and collection operations of the universal service support.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.

We have estimated that each response to this collection of information will take, on average, 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0824). We also will accept your comments via Internet if you send them to jboley@fcc.gov. Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

The foregoing Notice is required by the Privacy Act of 1974, P.L. 93-579, December 31, 1994, 5 U.S.C. 552a(e)(3), and the Paperwork Reduction Act of 1995, P.L. 104-13, 44 U.S.C. Section 3501.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information that you provide for billing and collection purposes. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your Form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; or (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide also may be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission also may provide this information to those agencies through the matching of computer records where authorized.

Instructions for Completing the Universal Service Administrative Company's **Service Provider Information Form**

I INTRODUCTION

On May 8, 1997, the Commission released a Report and Order on Universal Service (Universal Service Order) in CC Docket No. 96-45 that established new federal universal service support mechanisms, consistent with the universal service provisions contained in section 254 of the Communications Act of 1934, as amended. In the Order on Reconsideration in CC Docket No. 96-45 (rel. July 10, 1997), the Report and Order and Second Order on Reconsideration in CC Docket Nos. 97-21 and 96-45 (rel. July 18, 1997), the Order on Reconsideration, Second Report and Order, and Further Notice of Proposed Rulemaking in CC Dockets 97-21 and 96-45 (rel. August 15, 1997), the Third Report and Order in CC Docket 96-45 (rel. October 14, 1997), and the Fourth Order on Reconsideration in CC Docket No. 96-45, Report and Order in CC Docket Nos. 96-45, 96-262, 94-1, 91-213, 95-72 (rel. December 30, 1997), the Commission reconsidered certain aspects of the Universal Service Order.

In connection with the universal service proceeding, the Commission appointed the Universal Service Administrative Company (USAC) as temporary administrator of certain portions of the universal service support mechanisms, including portions of the schools and libraries and rural health care programs. One of the functions of USAC is to provide a mechanism for the billing and collection of funds for the schools and libraries and rural health care programs.

Pursuant to sections 54.515 and 54.611 of the Commission's rules, 47 C.F.R. §§ 54.515 and 54.611, USAC must obtain information relating to: service provider name and address, telephone number, Federal employer identification number, contact names and telephone numbers, and billing and collection information.

To that end, USAC has developed a Service Provider Information Form, Form 498, to collect this information from carriers and service providers participating in the schools and libraries and rural health care programs.

This document provides instructions for completing the Service Provider Information Form, Form 498. This form should be completed by each service provider receiving universal service support under the schools and libraries and rural health care programs. The pre-assigned service provider number is included on the transmittal letter with this form. The form will be used to supplement the service provider number with the following information: service provider name, address, telephone numbers, contact names and telephone numbers, and billing and collection information. USAC will use this information in administering the billing and collection operations of the universal service support mechanisms.

II FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

A. Who should file.

All service providers participating in schools and libraries and rural health care universal service programs should file a Service Provider Information Form, Form 498.

One of the uses of the data on this form is to enable USAC to offset a contributor's invoices related to providing services to schools, libraries, and rural health care providers against its universal service contribution obligation. Each contributor and each contributor's business unit should complete a Service Provider Information Form, Form 498. For each contributor's business unit(s) for which we are not able to pre-assign a service provider number, USAC will assign a number upon receipt of a completed Form 498. Copies of the Form 498 may be reproduced and completed for as many business units providing service. For a contributor, the USAC service provider number in item 3 and item 29 will be the same. For a business unit of a contributor, the USAC service provider number in item 29 will be the same as the service provider number in item 3 of the contributor's Form 498. It is important that the contributor and the business unit(s) of the contributor coordinate the completion of their respective forms.

B. When and Where to File.

The Service Provider Information Form, Form 498 is to be completed by the service provider within five days of receipt and must be accompanied by a letter of authorization on company letterhead (see attachment A of the instructions to this form) and forwarded to:

Universal Service Administrative Company
Attn: Billing and Disbursement
P.O. Box 223164
Chantilly, VA 20153-3164

C. Where to get more information?

Any questions that the service provider has when completing this form may be directed to the USAC administrator at :

888-641-8722 or FAX 888-637-6226

III SPECIFIC INSTRUCTIONS

The following section requests billing and collection information about the service provider participating in universal service programs.

A. Block 1: General Information

Block 1 of Form 498 requests the name of your company, a USAC service provider number, address, and Federal employer identification number (if you are not a corporation).

Item (1), Full Legal Name of Service Provider - The full legal name of the company providing service as it appears on articles of incorporation, registration or other legal documents.

Item (2), TRS Company Code - Provide the TRS Company Code as it appears on the FCC Form 457 (applicable only for eligible telecommunication carriers).

Item (3), Service Provider Number – Leave this field blank if this is the initial submission of a new Form 498. When your form is received by USAC, a number will be assigned to your company and USAC will notify you, within 48 hours, of the assigned number. For all other submissions of Form 498 (e.g., revisions to original data), please include your previously assigned Service Provider Identification Number (SPIN). Revisions to previously filed information cannot be processed without the SPIN number.

Item (4), Principal Communications Business - Provide the principal communications business code which best describes the service provider's business activity. For service providers that are contributors to the Universal Service fund (file a FCC Form 499), this principal business activity code should correspond to the service providers business activity indicated on their FCC Form 499. The principal communications business code should be selected from the following list:

<u>Code</u>	<u>Description</u>
TEN	Shared Tenant Service Provider - manages or owns a multi-tenant location that provides telecommunications services or facilities to the tenants for a fee.
PAY	Payphone Service Provider - provides customers access to telephone networks through pay telephone equipment, special teleconference rooms, etc. Payphone service providers are also referred to as pay telephone aggregators.
PRIV	Private Service Providers - offers telecommunications to others for a fee. This would include a company that offers excess capacity on a private system that is used primarily for internal purposes.
LEC	Incumbent LEC - provides local exchange service. An incumbent local exchange carrier (ILEC) generally is a carrier that was at one time franchised as a monopoly service provider.
CAP	CAP/CLEC (Competitive Access Provider/Competitive Local Exchange Carrier) - competes with incumbent LEC's to provide local exchange services or telecommunications services that link customers with interexchange facilities, local exchange networks, or other customers.
LRES	Local reseller - provides local exchange or fixed telecommunications services by reselling services of other carriers.
CEL	Cellular/PCS/SMR (Cellular, Personal Communications Service and Specialized Mobile Radio service providers) - primarily provides wireless telecommunications services (wireless telephony). This category includes the provision of wireless telephony by resale. An SMR provider would select this category if it primarily provides wireless telephony rather than dispatch or other mobile services.
PAG	Paging and Messaging - provide wireless paging or wireless messaging services. This category includes the provision of paging and messaging services by resale.
DAT	Wireless Data - provides mobile or fixed wireless data services using wireless technology. This category includes the provision of wireless data services by

resale.

<u>Code</u>	<u>Description</u>
IXC	IXC (Interexchange Carrier) - provides long distance telecommunications services substantially through switches or circuits that it owns or leases.
TRES	Toll Reseller - provides long distance telecommunications services primarily by reselling the long distance telecommunications services of other carriers.
OSP	OSP (Operator Service Provider) - companies other than incumbent LEC's that serve customers needing the assistance of an operator to complete calls, or needing alternate billing arrangements.
SAT	Satellite - provides satellite space segment or earth stations that are used for telecommunications service.
PRE	Pre-paid Card - provides pre-paid calling card services by selling pre-paid calling cards to the public or to retailers. Pre-paid card providers typically resell the toll service of other carriers and determine the price of the service by setting the price of the card and controlling the number of minutes that the card can be for.
SMR	SMR (dispatch) (Specialized Mobile Radio service provider) – primarily provides dispatch and mobile services other than wireless telephony.
OTHL	Other Local - telecommunication companies that provide local service and do not conform to one of the above categories.
OTHM	Other Mobile - telecommunication companies that provide mobile service and do not conform to one of the above categories.
OTHT	Other Toll - telecommunication companies that provide toll service and do not conform to one of the above categories.
ISP	Internet Service Provider - providers of access to the Internet.

NTP Non-traditional Provider - if you are a company that does not provide telecommunication services.

Item (5), Service Provider's Address - Provide the service provider's full mailing address, whether a street address, Post Office Box number, or route number and city, state and zip code.

Item (6), Federal Employer Identification Number - Enter the Federal employer identification number. If you do not have a Federal employer identification number, enter your social security number.

Item (7), Business Structure - Check one of the three boxes indicating whether the service provider is a corporation, partnership or other.

Items (8, 9 & 10), Service Provider's Contact - Provide the name, phone number and facsimile number for the person that should be contacted with questions regarding the billing and collection of funds for the service provider.

Item (11 & 11a), Address of Service Provider's Contact - Provide the Service Provider's contact persons full mailing address, whether a street address, Post Office Box number, or route number and city, state and zip code. Also provide an E-mail Address if available.

B. Block 2: Schools & Libraries and Rural Health Care Information

Block 2 requires you to identify contacts and payment information for the schools and libraries and rural health care programs.

Service Provider's Schools and Libraries and Rural Health Care Program Contacts

Item (12, 13 & 14), Service Provider's Schools and Libraries Program Contact - Provide the name, phone number and facsimile number of the service provider's contact person who will receive correspondence and answer questions regarding the Schools and Libraries program.

Item (15), Address of Service Provider's Schools and Libraries Program Contact - Provide the contact person's name listed above, along with his or her full mailing address, whether a street address, Post Office Box number, or route number and city, state and zip code. The address provided will be the address the Schools and Libraries Corporation uses for all correspondence to the service provider.

Item (16, 17 & 18), Service Provider's Rural Health Care Program Contact - Provide the name, phone number, and facsimile number of the service provider's contact person who will receive correspondence and answer questions regarding the rural health care program.

Item (19), Address of Service Provider's Rural Health Care Program Contact - Provide the contact person's name listed above and his or her full mailing address, whether a street address,

Post Office Box number, or route number and city, state and zip code. The address provided will be the address the Rural Health Care Corporation uses for all correspondence to the service provider.

Schools & Libraries and Rural Health Care Payment Information

In accordance with section 54.515 of the Commission's rules, USAC, at the service provider's request, will offset the service provider schools and libraries invoices against the provider's universal service support contribution obligation. In accordance with section 54.611 of the Commission's rules, USAC will offset the service provider's rural health care invoices against the provider's universal support contribution obligation.

Note: The service provider must indicate (by checking the appropriate box) whether or not they are requesting to have their schools and libraries invoices offset against the provider's universal service obligation.

The information provided here will be used when issuing payments for services provided and when offsetting the invoices of the contributor's business unit(s) against the contributor's obligation. All telecommunications carriers that provide interstate telecommunications services, providers of interstate telecommunications that offer services to others for a fee, and pay telephone aggregators must contribute to the universal service support mechanisms based on their proportionate share of end-user telecommunications revenues. (See Telecommunications Reporting Worksheet, FCC Form 499).

General instructions for completing items 20 through 33.

- **If you are a contributor**, complete items 20 through 33.

- **If you are a business unit of a contributor and are requesting to have your schools and libraries invoices offset against the contributor's universal service obligation (i.e., the **YES** box on the form is checked)**, complete items 27 through 33 only.

- If you are a business unit of a contributor and are not requesting to have your Schools & Libraries invoices offset against the contributor's universal service obligation (i.e., the NO box on the form is checked), complete items 20 through 33.

- If you are not a contributor and not a business unit of a contributor, complete items 20 through 26 only.

Item (20), Name of Remittance Company - Provide the name of the company to which funds will be remitted for services rendered, to the Schools and Libraries and Rural Health Care Corporations, by the service provider.

Item (21), Address of Remittance Company - Provide the full mailing address, street address, Post Office Box number, or route number and city, state and zip code of the company receiving funds for the service provider.

Item (22, 23 & 24), Remittance Contact - Provide a contact person's name, phone number and facsimile number for the person that will answer questions regarding the remittance of funds to the service provider.

Item (25), Name of Remittance Bank - This item is required only for those service providers electing Automatic Clearing House (ACH) or lock box transfer of funds.

Item (26), Remittance Clearing House (ACH) Number And Bank Account - This item is required only for those service providers electing Automatic Clearing House (ACH) transfer of funds. Provide the ACH bank transit number and bank account number.

Item (27), Name of Contributor Company - Provide the name of the organization that renders payment, either on its own or on behalf of affiliated business unit(s) and service provider subsidiaries, of universal service contribution obligations.

Item (28), Contributors TRS Company Code - Provide the contributor's Form 499 TRS code (the six digit TRS code starting with an "8").

Item (29), Service Provider Number of Contributor Company - Enter the USAC service provider number for the contributor company. If this form is being completed by the contributor company, the USAC service provider number entered for this item should be the same as that on item 3 of this form. If this form is being completed by a business unit of a contributor company, the USAC service provider

number entered for this item should be the same as item 3 on the Form 498 completed by the affiliated contributor company. **It is important that the contributor and the business unit(s) of the contributor coordinate the completion of their respective forms.**

Item (30), Address of Contributor Company - Provide the contributor company's full mailing address, whether a street address, Post Office Box number, or route number and city, state and zip code.

Item (31, 32 & 33), Contributor Company Contact - Provide the name, phone number and facsimile number for the person that should be contacted with questions regarding the billing and

collection of funds for the contributor company.

Item (34), Filing Status - The service provider should indicate, by checking the appropriate box, whether the form is an original application or whether revisions are required on previously provided information. To initiate revisions, Block 1, General Information, must be completed. Only the specific line items that are being revised should be completed. All originals and revisions must be accompanied by a letter of authorization on company letterhead. It is incumbent upon the service provider to keep the information on this form current as it may affect the timeliness of payment.

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If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your Form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; or (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide also may be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission also may provide this information to those agencies through the matching of computer records where authorized.

Attachment A

[COMPANY LETTERHEAD]

Date

USAC Database Administration
P.O. Box 223164
Chantilly, VA 20153-3164

I certify that I have provided the information on the attached Service Provider Information Form and to the best of my knowledge, information and belief, all information contained in this form is true and that said form is an accurate statement of the affairs of the above-named service provider.

Service Provider Number _____

Signature _____ Date _____

Printed name of authorized person _____

Title or position of authorized person _____